



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MQB/150469

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**PRELIMINARY RECITALS**

Pursuant to a petition filed July 05, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on August 08, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Petitioner is financially eligible for Medicare Savings Plan benefits.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED] |  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street  
Madison, Wisconsin 53703  
By: Katherine May  
Milwaukee Enrollment Services  
1220 W Vliet St  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

David D. Fleming  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner's Medicaid group size is one person, herself.
3. Petitioner filed this appeal to contest the denial of a request for Medicare Savings Plan benefits.

4. Petitioner receives Social Security retirement income in the amount of \$1201.90 per month. She also has a pension in the amount of \$63.75. Finally, she has rental income in the amount of \$150.00 per month. This totals \$1415.65.

### **DISCUSSION**

Medicare is an insurance program and charges coinsurance, deductibles and monthly premiums. These out-of-pocket expenses of Medicare beneficiaries are generally referred to as 'Medicare cost-sharing.' For certain Wisconsin residents who receive Medicare, Wisconsin Medicaid pays some or all of their Medicare cost-sharing. These State Medicaid programs are called Medicare Savings Programs (MSP). *Medicaid Eligibility Handbook (MEH)*, §32.1.1.

QMB benefits pay Medicare Part A & B premiums and Medicare deductibles and coinsurance. SLMB and SLMB+ pay Medicare Part B premiums. *MEH*, §32.1.3. The income limits for a group of one are as follows: the QMB the limit is 100% of the Federal Poverty Level - \$957.50 *MEH*, §§32.2.3 and 39.5; for SLMB it is at least 100% but no more than 120% FPL - \$1149.00, *MEH*, §§32.3.2 and 39.5 and for SLMB+ it is 120 -135% of the FPL - \$1292.63. *MEH*, §§32.4.2 and 39.5.

Petitioner's income is over the income limits for the MSP.

Finally, Petitioner filed what the Division of Hearings and Appeals treated as a rehearing request for a companion FoodShare case (#150468) and in that request again mentions that she wants this MSP benefit. As this Decision was not yet issued there is no reason to treat it as a rehearing request for this case. If, however, Petitioner can demonstrate that the income described in Finding # 4 is incorrect she might note the rehearing instructions below.

### **CONCLUSIONS OF LAW**

That Petitioner is not eligible for MSP benefits as Petitioner's income is in excess of MSP limits.

**THEREFORE, it is**

**ORDERED**

That this appeal is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 13th day of September, 2013

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\sDavid D. Fleming  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Wayne J. Wiedenhoeft, Acting Administrator  
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The preceding decision was sent to the following parties on September 13, 2013.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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